

TO/32/80
U.S. PTOPlease type a plus sign (+) inside this box →

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0232

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-31573
First Inventor	John Ling Wing So
Title	Optical Performance Monitoring
Express Mail Label No.	EL360245817US

JC 0779 U.S. P.
09/08/2001

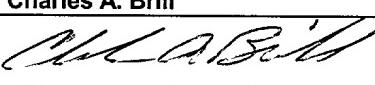
08/23/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the Invention	b. <input type="checkbox"/> Specification Sequence Listing on:
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	[Total Pages 145]
5. Oath or Declaration	[Total Sheets 54] [Total Pages 1]
a. <input checked="" type="checkbox"/> Unsigned Executed (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
Prior application information: Examiner _____	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other: _____

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	023494 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	FAX
COUNTRY	TELEPHONE (972) 917-4379	(972) 917-4418	
Name (Print/Type)	Charles A. Brill	Registration No. (Attorney/Agent)	37,786
Signature			Date 8-23-2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement,

otherwise large entity fees must be paid. See Form PTO/SB/100-12

TOTAL AMOUNT OF PAYMENT

(\$ 710.00)

Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	John Ling Wing So
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-31573

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

- 2.
-
- Payment Enclosed:

 Check Money Order Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	395	Utility filing fee	\$710
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	790	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)				(\$710)	

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	4	-20**=	0	x 18 = 0
Independent Claims	1	-3** =	0	x 80 = 0
Multiple Dependent				=

**or number previously paid, if greater; For Reissue, see below

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
103	18	203	11	Claims in excess of 20
102	80	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 0)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$ 0

Complete (if applicable)

SUBMITTED BY				Reg. Number	37,786
Typed or Printed Name	Charles A. Brill			Deposit Account User ID	
Signature				Date	8-03-2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231